

APMT Assessment Form

1. What were your client's top 1-3 (in order of client prioritization) chief concerns or requests?

*Begin with open-ended questions like, "How can I support you today?" And follow-up with specific questions to clarify and confirm your client feels heard and understood like, "Can you point to the anatomy chart where you are experiencing the most challenge?"

2. On a 1-10 Pain Scale (10 being the worst pain) what number did your client assign their 1-3 top requests pre-bodywork?

3. What 1-3 therapeutic goals did you customize and agree upon with your client? Be specific, like a diminished pain scale number, or newfound ability to move their arm more easily, or feeling more relaxed in their traps, etc.

4. Name three APMT tools, techniques, or approaches that you incorporated into this session?

5. What was one of the most effective techniques that you applied, and why do you think it helped?

6. Following your session, debrief with your client to reassess their pain scale. Below, share what, if any, results you provided in this session? (Pain scale reduction, more ROM, etc.)

7. What is one specific at-home care recommendation (healing moves, posture cue, lifestyle enhancement, etc) you gave your client to help them sustain the benefits of this session?

8. What is one specific thing you learned in this session? For example, did anything surprise you or your client? Or did you or your client make a new connection or realization about what is contributing to their project?

9. How did you feel following this session? For example, how were your body mechanics, did you activate your GRF, did you receive any benefit from the session yourself?